

<div>AGENCY REQUEST FOR ADJUSTMENT/SIBAC CHARGE-BACKS TO FBF SLUC BILLINGS <i>(Read Instructions on Reverse before typing)</i></div>						<div>FOR GSA REGIONAL OFFICE USE ONLY</div> <div>CONTROL NUMBER</div>		
SECTION I -- TO BE COMPLETED BY THE CUSTOMER AGENCY								
1. AGENCY AND BUREAU NAME				2. ADDRESS OF ASSIGNMENT			3A. CITY (ASSIGNMENT)	
3B. STATE	3C. REGION	4. GSA 4-DIGIT CODE		5. SIBAC 8-DIGIT SYMBOL		6. BUILDING NUMBER		7A. QUARTER OF BILLING
7B. BILL NUMBER		8A. ARE YOU SUBMITTING SF-238 SIBAC ADJUSTMENT VOUCHER FOR CHARGE-BACKS? <div><input type="checkbox"/> YES <input type="checkbox"/> NO</div>					8B. AMOUNT OF ADJUSTMENT \$ REQUESTED	
9. CHECK APPROPRIATE BOX TO EXPLAIN THE CORRECTION REQUESTED								
<input type="checkbox"/> (A) SPACE CLASSIFICATION		<input type="checkbox"/> (B) ASSIGNED SPACE IN SQ. FT.			<input type="checkbox"/> (C) AGENCY/BUREAU NAME AND/OR GSA 4-DIGIT CODE		<input type="checkbox"/> (D) OTHER	
10. TYPE OF ADJUSTMENT REQUESTED								
11A. CUSTOMER AGENCY CONTACT <i>(Typed name)</i>				11B.				
11C. TELEPHONE NUMBER		11D. DATE		GENERAL SERVICES ADMINISTRATION (PFF) FINANCIAL MANAGEMENT DIVISION WASHINGTON, DC 20405				
APPROVED BY GSA <i>(Typed name and signature)</i>								
TELEPHONE NUMBER		DATE						
PLEASE VERIFY THE ABOVE INFORMATION AND UPDATE THE DATA BASE AS NECESSARY.								
LANGUAGE TO BE STATED ON REBILLING						AMOUNT TO BE REBILLED \$		
SECTION II -- TO BE COMPLETED BY GSA REGIONAL OFFICE AND RETURNED TO ABOVE ADDRESS								
<input type="checkbox"/> 12. THE ABOVE MENTIONED ADJUSTMENT ACTIONS HAVE BEEN REVIEWED AND THE FOLLOWING ACTIONS HAVE BEEN TAKEN <i>(Include effective date of</i>								
<input type="checkbox"/> 13. THE ABOVE MENTIONED ADJUSTMENT ACTIONS HAVE BEEN REVIEWED AND NO ACTION WILL BE TAKEN FOR THE FOLLOWING REASONS:								
<input type="checkbox"/> 14. OTHER ACTIONS TAKEN								
15A. CERTIFYING OFFICIAL <i>(Typed name)</i>				15B. TITLE <i>(Typed)</i>				
15C. CERTIFYING OFFICIAL <i>(Signature)</i>				15D. TELEPHONE NUMBER		15E. DATE		
GENERAL SERVICES ADMINISTRATION This form was electronically produced by Elite Federal Forms, Inc.								
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	CONTROL NUMBER

<b>SECTION I -- TO BE COMPLETED BY THE CUSTOMER AGENCY</b>						
1. AGENCY AND BUREAU NAME			2. ADDRESS OF ASSIGNMENT			3A. CITY (ASSIGNMENT)
3B. STATE	3C. REGION	4. GSA 4-DIGIT CODE	5. SIBAC 8-DIGIT SYMBOL	6. BUILDING NUMBER	7A. QUARTER OF BILLING	
7B. BILL NUMBER		8A. ARE YOU SUBMITTING SF-238, SIBAC ADJUSTMENT VOUCHER FOR CHARGE-BACKS? <input type="checkbox"/> YES <input type="checkbox"/> NO				8B. AMOUNT OF ADJUSTMENT REQUESTED \$
9. CHECK APPROPRIATE BOX TO EXPLAIN THE CORRECTION REQUESTED <input type="checkbox"/> (A) SPACE CLASSIFICATION <input type="checkbox"/> (B) ASSIGNED SPACE IN SQ. FT. <input type="checkbox"/> (C) AGENCY/BUREAU NAME AND/OR GSA 4-DIGIT CODE <input type="checkbox"/> (D) OTHER						
10. TYPE OF ADJUSTMENT REQUESTED						

11A. CUSTOMER AGENCY CONTACT <i>(Typed name)</i>		11B. CUSTOMER AGENCY'S NAME AND ADDRESS
11C. TELEPHONE NUMBER	11D. DATE	
11E. CUSTOMER AGENCY CONTACT <i>(Signature)</i>		

PLEASE VERIFY THE ABOVE INFORMATION AND UPDATE THE DATA BASE AS NECESSARY.	
LANGUAGE TO BE STATED ON REBILLING	AMOUNT TO BE REBILLED \$
REMARKS	